

# DISCLOSURE DIVISION

☒ **WAIVER REQUEST**  
☐ **ANSWER**  
☐ **RECONSIDERATION REQUEST**  
☐ **UNTIMELY**

**DATE: 5/8/2021**

**DOCKET #: 2021-492**

Ashley Wimberley, Director  
Disclosure Division

## FILER INFORMATION

Name: Andrew Lee Sims, Sr.  
Address: 209 McCall St., Tallulah, LA 71282  
Office/Position: Tallulah City Council / District 3 / Tallulah / Madison  
# of Disclosures/Amendments Filed with Agency: 4  
Years Covered: 2017-2019  
Final Report: No

## REPORT INFORMATION

Name of Report: Tier 3 Annual Personal Financial Disclosure covering calendar year 2018 - Amendment  
Report ID: PFD19010971  
Original Due Date: 5/15/2019  
Initial PFD Filed on: 9/19/2019  
NOD-amend Received: 7/21/2020 - Signed by: Andrew Sims  
Amendment/Answer Due Date based on NOD: 7/30/2020  
Amendment/Answer Filed: 8/10/2020

## LATE FEE INFORMATION

Amount of Late Fee: \$550  
Days late from receipt of NOD: 11  
Total days late from initial due date: 453  
Late Fee Order Received: 2/4/2021  
Payment/Waiver Request Due Date: 2/24/2021  
Waiver Request Received: 2/22/2021

**COMMENTS:** Andrew Sims stated this late fee assessment would create an economic hardship. He stated he lives with his sister and never receives his mail on time. She signed for his letter and he didn't receive it. Mr. Sims said his only income is from the city council. He is taking care of his ill brother, Robert Sims, who doesn't drive, and has survived 2 major heart attacks, throat cancer and the Coronavirus, and Mr. Sims is his only transportation to his doctor's visits. Mr. Sims stated that he is a Military Veteran, and prides himself on being timely. He stated that he will never be late with his filing again. This is Mr. Sims first late filing and late fee assessment.

## OTHER LATE FEE INFORMATION

### Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

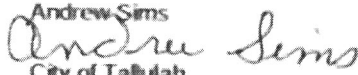
### Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

Good evening:

I am writing in response to my letter I received at this time I really can't afford a fine I live with my sister and most time I never get my mail on time she signed for my letter and I didn't receive it , my only income is from the city council I spend most of my time taking care of my ill brother enclosed it some of the things he has been going through for years he don't drive , he has survived 2 major heart attacks , throat cancer and Covid I am his only transportation to the doctor I really wasn't trying to be late I am a military veteran and I pride myself on being on time I get very little sleep because I do everything I have to keep my brother around at least 4 time a month I'm taking him to the doctor Vicksburg Ms. , Jackson Ms. , Tallulah La. , Monroe La. and Shreveport I appreciate any response I am giving and it will never happen again

Thank You

Andrew Sims  
  
City of Tallulah

ETHICS BOARD REC'D  
FEB 23 '21 PM4:20

Robert Sims

*has the following appointment*

Date 4-5-21 at 11:00

Date \_\_\_\_\_ at \_\_\_\_\_

Date \_\_\_\_\_ at \_\_\_\_\_

Date \_\_\_\_\_ at \_\_\_\_\_

Date \_\_\_\_\_ at \_\_\_\_\_

**IF UNABLE TO KEEP APPOINTMENT, KINDLY GIVE 24 HRS. NOTICE**

UNIVERSITY MEDICAL CENTER - NO  
2000 Canal St  
New Orleans LA 70112-3018  
Summary of Care Document

Sims, Robert  
MRN: 1001481629, DOB: 3/5/1953, Sex: M  
Adm: 12/19/2020, D/C: —

**Facility-Administered Medications (continued)**

sodium chloride 0.45 % bolus 1,000 mL  
(Completed) 1,000 mLs, Intravenous, Once @ 100 mL/hr

**Current Immunizations**

No immunizations on file.

Reviewed on 4/15/2015

**Problem List**

Acute kidney injury due to COVID-19	Noted
CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min	12/21/2020
Essential hypertension, benign	Unknown
History of throat cancer	Unknown
Hyperkalemia	Unknown
Malignant neoplasm of supraglottis	Unknown
Pneumonia due to COVID-19 virus	5/16/2012
Shortness of breath	Unknown
Stenosis of larynx	12/20/2020
Overview	4/2/2012
dx update	

Xerostomia 12/17/2014

**Encounter Diagnoses**

Acute kidney injury due to COVID-19

Codes	Comments
U07.1, N17.9	

**Vital Signs**

Most recent update: 12/22/2020 9:16 AM

BP	Ht	Wt	BMI
113/82	1.803 m (5' 11")	106.7 kg (235 lb 3.7 oz)	32.81 kg/m <sup>2</sup>

**Social History**

**Tobacco History**

Smoking Status	Quit date	Smoking Frequency
Former Smoker	12/6/2008	0.5 packs/day for 30 years (15 pk yrs)
Smokeless Tobacco Use		
Never Used		

**Goals**

None

**Patient Care Team**

	Relationship	Specialty	Notifications	Start	End
Lawrence Chenier	PCP - General			8/22/12	

**Discharge Information**

Discharge Provider	Date/Time	Disposition	Destination
(none)	12/22/2020 (Pending)	Home or Self Care	(none)

Comments  
(none)

**Instructions for after discharge**

Activity as tolerated

Complete by As directed



10/14/2020  
MRN:11389934

Robert Sims  
300 South Elm St  
Apt 18  
TALLULAH, LA 71282

This is a reminder about your upcoming scheduled appointment with **Cherie-Ann O Nathan, MD:**

**Wednesday October 13, 2021 at 9:30 AM**  
**Arrival Time: 9:15 AM**  
**Ochsner LSU Health - Shreveport, Otorlaryngology**  
**1405 Kings Highway Shreveport, LA 71103-4226**

To reschedule or cancel, call 318-626-0806. Please make changes as soon as possible so that this appointment time can be offered to other patients.

**Below are special instructions for your appointment:**

Arrive at check-in approximately 15 minutes before your scheduled appointment time. Bring all outside medical records and imaging, along with a list of your current medications and insurance card.

To protect the health of our community and prevent the spread of COVID-19, we are limiting visitors as recommended by the CDC.

- Patients who need assistance during a visit may have one adult support person
- Children are not allowed in our facilities unless seeking medical care
- All employees, patients and visitors must always wear a face mask in our facilities

Thank you for choosing Ochsner LSU Health. We look forward to seeing you soon.

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Create a **MyChart** account to manage your personal health record! MyChart allows secure online access to:

- Schedule and manage appointments
- ePre-Check for upcoming appointments
- Communicate securely with your care team
- View your health summary and test results
- Pay and manage billing information

Download the free MyChart app or visit [www.my.ochsner.org/LSUHealth](http://www.my.ochsner.org/LSUHealth) to get started today!

## Your Next Steps (continued)



JAN  
29

**Follow-up 9:45 AM**  
Amy Wall, FNP  
Baptist Heart  
501 Marshall Street, Suite 104  
Jackson MS 39202-1663  
601-969-6404

## Instructions from your provider

Your primary diagnosis was: Pneumonia Due to Covid-19 Virus

Your diagnoses also included: Acute Kidney Injury Due to Covid-19, High Blood Pressure Disorder, Heart Disease Due to Blocked Artery, Narrowing of The Larynx, High Cholesterol Or Triglycerides, High Potassium Levels, High Sodium Levels, Aki (Acute Kidney Injury), Serum Calcium Elevated, Sepsis With Acute Renal Failure Without Septic Shock, Lactic Acid Increased, Atrial Fibrillation (Irregular Heartbeat)



### Activity instructions

Activity as tolerated



### Diet instructions

Diet - AHA, Low Fat

Diet Type / Consistency: Regular

## What's Next

### Discharge: Patient To Schedule MD Follow-Up in 2 weeks

Patient to schedule follow-up appointment with this primary Nephrologist in Louisiana in 2 weeks.

JAN  
11

**Follow up with chenie md**  
Monday Jan 11, 2021  
@10:15

JAN  
29

**Follow-up with Amy Wall, FNP**  
Friday Jan 29, 2021 9:45 AM

Baptist Heart  
501 Marshall Street, Suite 104  
Jackson MS 39202-1663  
601-969-6404

**Follow up with Shawn W Sanders, MD**  
Friday Jan 29, 2021  
@9:45 with np

501 Marshall Street  
Suite 104  
Jackson MS 39202  
601-969-6404

## Continuing Care



### Home Medical Care

Delhi Home Health

Services Home Health Services

Address 509 Cincinnati Street, Delhi LA 71232

Phone 318-878-5152

## Medication List (continued)

### CONTINUE taking these medications

	Dose Instructions	Indications	Next Dose	Additional Info
<b>cholecalciferol 400 unit (10 mcg) tablet</b> Last time this was given: 1,000 Units on January 8, 2021 10:00 AM Commonly known as: VITAMIN D3	Take 1 tablet by mouth one (1) time a day			
<b>clopidogrel 75 mg tablet</b> Last time this was given: 75 mg on January 8, 2021 9:57 AM Commonly known as: PLAVIX	Take 75 mg by mouth one (1) time a day			
<b>levothyroxine 75 MCG tablet</b> Last time this was given: 75 mcg on January 8, 2021 5:30 AM Commonly known as: SYNTHROID	Take 75 mcg by mouth daily			
<b>montelukast 10 mg tablet</b> Commonly known as: SINGULAIR	Take 10 mg by mouth nightly			
<b>niacin 500 MG tablet</b> Last time this was given: 500 mg on January 8, 2021 9:59 AM	Take 500 mg by mouth daily with breakfast			
<b>simvastatin 80 MG tablet</b> Commonly known as: ZOCOR	Take 80 mg by mouth nightly			

### STOP taking these medications



**amlodipine 10 MG tablet**  
 Commonly known as: NORVASC



**aspirin 81 MG chewable tablet**

### Why you were hospitalized (continued)

Your diagnoses also included: Shortness of Breath, Acute Kidney Injury Due to Covid-19, Pneumonia Due to Covid-19 Virus, Ckd (Chronic Kidney Disease) Stage 2, Gfr 60-89 ml/min, Essential Hypertension, Benign, History of Throat Cancer, Hyperkalemia

### Attending providers for your hospitalization

Provider	Specialty	Primary office phone
Chayan Chakraborti, MD	Internal Medicine	504-702-3000
William Marshall Gilbert, MD	Internal Medicine	504-702-3000
Victor Edgar Tuckler, MD	Emergency Medicine	504-903-3000

### Unresulted Tests

None

### Allergies as of 12/22/2020

DELETED: No Known Drug Allergies  
Nsaids (non-steroidal Anti-inflammatory Drug)  
"My kidney doctor said don't take it."

Reactions

Other (See Comments)

### Current Health Issues

- Stenosis of larynx
- Malignant neoplasm of supraglottis
- Xerostomia
- Shortness of breath
- ✓ Acute kidney injury due to COVID-19
- Pneumonia due to COVID-19 virus
- CKD (chronic kidney disease) stage 2, GFR 60-89 ml/min
- Essential hypertension, benign
- History of throat cancer
- Hyperkalemia



**Ashley Wimberley**

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**From:** andrewsims141 <andrewsims141@yahoo.com>  
**Sent:** Tuesday, February 23, 2021 4:15 PM  
**To:** Ashley Wimberley  
**Subject:** Response Letter from Andrew Sims  
**Attachments:** 2021-02-23\_041416.pdf

**EXTERNAL EMAIL:** Please do not click on links or attachments unless you know the content is safe.

Sent via the Samsung Galaxy Note10+, an AT&T 5G Evolution Capable Smartphone



STATE OF LOUISIANA  
DEPARTMENT OF STATE CIVIL SERVICE  
**LOUISIANA BOARD OF ETHICS**  
P. O. BOX 4368  
BATON ROUGE, LA 70821  
(225) 219-5600  
FAX: (225) 381-7271  
1-800-842-6630  
[www.ethics.la.gov](http://www.ethics.la.gov)

**CERTIFIED MAIL**

**NO. 70192970000163131390**

**RETURN RECEIPT REQUESTED**

July 17, 2020

Andrew Lee Sims, Sr.  
209 McCall St.  
Tallulah, LA 71282

**RE: NOTICE OF DELINQUENCY - AMEND  
PFD19010971**

Dear Andrew Lee Sims, Sr.:

Pursuant to La. R.S. 42:1124.4, if a person fails to file a Personal Financial Disclosure Statement as required by 42:1124, 1124.2, 1124.2.1, or 1124.3; omits information; or files inaccurately, a Notice of Delinquency shall be issued. A review of your Tier 3 Personal Financial Disclosure Statement covering 2018 that was filed with this office on September 19, 2019, indicates the following error(s) or omission (s):

**As a Tallulah City Council member, you are required to file a Tier 3 Annual Personal Financial Disclosure Statement covering calendar year 2018. You filed a Tier 2.1.**

**You are also required to disclose income received (during calendar year 2018) from the City of Tallulah on SCHEDULE B.**

**The Tier 3 form is found here: <http://ethics.la.gov/Pub/FinDisc/F418As.pdf>**

**You have 7 business days from the date of receipt of this Notice** to file an amendment to your Statement, or to submit a written Answer contesting the allegations. **Failure to file** within the 7 days will subject you to an automatic late fee of \$50 per day up to a maximum of \$1,500. Proof of timely filing is determined by the U.S. Postal Service postmark; receipt from the U.S. Postal Service; or receipt from a commercial delivery service.

If you would like to view the report that was initially filed to further explain the omission and/or correction needed, you may visit our website at [www.ethics.la.gov](http://www.ethics.la.gov). If you have any questions, you may contact me at 225/219-5600 or 800/842-6630.

Sincerely,

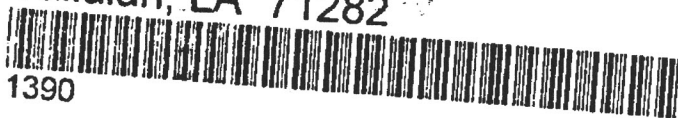
Tammy Frazier  
Compliance Investigator

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Addressee to:

Andrew Lee Sims, Sr.  
209 McCall St.  
Tallulah, LA 71282



1390



9590 9402 5218 9122 6371 49

Article Number (Transfer from service label)

7019 2970 0001 6313 1390

PS Form 3811, July 2015 PSN 7530-02-000-9000

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Andrew Sims*☐ Agent☐ Addressee

## B. Received by (Printed Name)

Andrew Sims

## C. Date of Delivery

7-21-20

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ NoZB17W 07.17.20  
0001 0001 0001

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (\$500)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

7.17 TF

Domestic Return Receipt

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)****This Report Covers Calendar Year:** 2018☐ ORIGINAL REPORT☐ AMENDED REPORT☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement.  
As such, I have completed SCHEDULE D.Name of Filer (print full name): Andrew LEE SimsMailing Address: 209 McCall St.City, State, Zip: Tallulah, La. 71282Name of Board/Commission (no abbreviations): Mayor Pro - TemDate of Appointment: July 1, 2018Date Appointment Expires: June 30, 2022

Name of Spouse (print full name): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Principal Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**CHECK ONE:**

- ☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.
- ☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

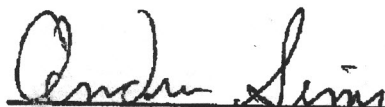
**Check all that apply:**

- ☐ I have filed my state income tax return for the previous year.
- ☒ I have filed for an extension of my state income tax return for the previous year.
- ☐ I have filed my federal income tax return for the previous year.
- ☒ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

**Certification of Accuracy**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.

Signature of Filer  
www.ethics.la.gov